

INDIANA DEPARTMENT OF TRANSPORTATION
CONSULTANT PREQUALIFICATION PACKAGE
PART 1 – GENERAL INFORMATION

1. CONTRACTING ENTITY _____

2. TYPE OF REQUEST (Select One)

☐ Initial ☐ Renewal ☐ Modification

3. COMPANY INFORMATION

A. Years in Operation _____

B. Corporate Address _____

C. Type of Business Entity: ☐ "C" Corp. ☐ "Sub-S" Corp. ☐ "LLC"
☐ Partnership ☐ "LLP" ☐ Sole Proprietorship
☐ Other _____

D. State and Date of Incorporation _____

E. Indiana Secretary of State Doc. No.: _____ (Provide as Exhibit A)

F. Federal ID Number: _____ (Not Required for Sole Proprietors)

G. Provide proof of Professional Liability Insurance (Exhibit B)

H. Affiliated Companies: _____

I. If the current Organization was preceded by another organization, within the last twenty-four (24) months, please provide the following information:

Company (Name) _____

Years in Operation _____

Type of Business Entity: _____

J. The address where accounting records are maintained:

K. Attach a list of all Owners, Officers, Principals, and Partners of the firm. (Exhibit C)

L. Number of Employees as of ____/____/____ Total ____ Indiana ____
(Date) (Number) (Number)

M. Number of Registered Professionals as of ____/____/____
(Date)
Total ____ Indiana ____
(Number) (Number)

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4. MINORITY PROGRAMS INFORMATION

Currently certified in Indiana as:
(Attach certification as Exhibit D)

☐ DBE

☐ MBE

☐ WBE

5. BUY INDIANA

Meets Indiana's "Buy Indiana" requirements as an Indiana Business:
See www.buyindiana.in.gov

☐ Yes

☐ No

6. PREQUALIFICATION LEVEL REQUESTED

A. ☐ Annual services less than \$250,000.00, include a self-certified overhead audit schedule for the consultant's most recent fiscal year with the Part 2 Financial Information document.

B. ☐ Annual services equal to or greater than \$250,000.00, include (with Part 2 Financial Information document) an Indirect Cost Rate Schedule audited by a CPA for the most recent auditable fiscal year in accordance with generally accepted government auditing standards, 48 CFR, Part 31, and State and Agency regulations and policies. (The most recent auditable fiscal year is defined as the one ending more than the previous 180 calendar days.)

C. ☐ Annual services of any amount, if the proposed indirect cost rate for the most recent auditable fiscal year is supported by a letter of acceptance from a cognizant agency, and the rate is adjusted to State and Agency regulations and policies, include the letter and schedules supporting the adjustments with the Part 2 Financial Information document. (The most recent auditable fiscal year is defined as the one ending more than the previous 180 calendar days.)

D. ☐ Unit Price Services only, Part 2 Financial Information document is not required.

In addition to the Part 2 Financial Information document, firms MUST submit the documents identified at <http://www.in.gov/dot/business/design/overhead/index.html> for the level of prequalification requested.

7. OFFICE AND CONTACT INFORMATION

(List all offices which would be expected to participate in INDOT work. Do not list temporary or project offices.)

a. Office No.: 1		b. Address:		c. City:	
d. State:	e. Zip Code:	f. County:	g. No. of Employees:	h. Latitude/Longitude:	
i. Contact Person Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.				j. Contact E-mail Address:	
k. Title:		l. Phone #:		m. Fax No.:	

a. Office No.: 2		b. Address:		c. City:	
d. State:	e. Zip Code:	f. County:	g. No. of Employees:	h. Latitude/Longitude:	
i. Contact Person Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.				j. Contact E-mail Address:	
k. Title:		l. Phone #:		m. Fax No.:	

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7. OFFICES (Cont'd)

a. Office No.: 3		b. Address:		c. City:	
d. State:	e. Zip Code:	f. County:	g. No. of Employees:	h. Latitude/Longitude:	
i. Contact Person Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.				j. Contact E-mail Address:	
k. Title:		l. Phone #:		m. Fax No.:	

a. Office No.: 4		b. Address:		c. City:	
d. State:	e. Zip Code:	f. County:	g. No. of Employees:	h. Latitude/Longitude:	
i. Contact Person Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.				j. Contact E-mail Address:	
k. Title:		l. Phone #:		m. Fax No.:	

Attach sheet of additional offices as Exhibit E.

8. CERTIFICATION

This prequalification submittal includes:

Part 1 ☒ General Information, Part 2 ☐ Financial Information and Part 3 ☒ Technical Information
(Part 2 not required for Unit Price Services.)

By submittal of this document including the above indicated parts, it is certified the information contained in this package is true and correct to the best of my knowledge and this firm is duly authorized to conduct business in the State of Indiana; neither the firm, nor any officer, director, or employee of the firm or any of its affiliates, have been criminally or civilly charged with antitrust criminal act under state or federal law which involved fraud, bribery, collusion, conspiracy, antitrust violations or material misrepresentation with respect to a public contract, except for matters previously disclosed to the Department; and the employment practices of this organization fully comply with the Title VI provisions of the 1964 Civil Rights Act.

Furthermore, by submittal of this document, the consultant agrees to allow distribution and review by the Department of the financial information contained therein for purposes of qualification review, negotiation of contract fees and invoice payment.

a. Typed Name of Submitting Principal:	b. Title:	c. Date:
d. Signature:		

Any questions should be directed to the Prequalification Engineer, Dan Wampler at (317) 232-5094.